

Review

Psychosocial Education for Families in Caring for Patients with Schizophrenia: A Systematic Review



Alexandra Maria Pires¹, Cokorda Bagus Jaya Lesmana²

¹ Department of Nursing, Faculty of Medicine, University National Timor – Lorosa'e, Dili, Timor-Leste

² Department of Psychiatry, Faculty of Medicine, Udayana University, Denpasar, Bali, Indonesia

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Correspondence

Alexandra Maria Pires;
Department of Nursing, Faculty
of Medicine, University National
Timor – Lorosa'e, Dili, Timor-
Leste.

Email:

sandrapires050978@gmail.com

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ABSTRACT

Background: Schizophrenia is a chronic mental disorder that significantly impacts both patients and their families. Psychosocial education for families plays a crucial role in improving caregivers' knowledge, reducing burden, and enhancing patient outcomes. This systematic literature review examines studies on family psychoeducation interventions for schizophrenia, focusing on their effectiveness and implementation challenges.

Methods: This systematic review followed PRISMA guidelines. We searched Google Scholar, Scopus, Web of Science, and Crossref for peer-reviewed English-language articles from 2003 to 2023, using Boolean operators and keywords such as "family psychoeducation," "schizophrenia," and "caregiver burden." Two reviewers independently screened and extracted data to ensure accuracy and reduce bias.

Results: The review includes 15 studies published between 2003 and 2023 that analyse various psychoeducational approaches, study designs, and outcomes. Findings indicate that family psychoeducation significantly reduces caregiver burden, improves family cohesion, and enhances patients' symptom management and relapse prevention. However, despite its proven effectiveness, the implementation of psychoeducation remains inconsistent due to barriers such as limited resources, lack of structured programs, and cultural variations.

Conclusion: The review emphasises the need to integrate psychoeducation into routine mental health services and to train healthcare providers to deliver structured, evidence-based interventions. Future research should explore digital-based psychoeducation to improve accessibility and sustainability. Strengthening family psychoeducation can lead to better patient care, reduced stigma, and improved quality of life for both patients and caregivers

Keywords: Psychosocial, Education , Families, Schizophrenia.

Implications for Practice:

- Family psychoeducation should be systematically integrated into standard care for patients with schizophrenia across mental health services to improve family understanding, support medication adherence, and prevent relapse.
- Healthcare professionals, such as nurses, psychiatrists, and psychologists, need specialised training to deliver structured,

Implications for Practice:

- evidence-based psychoeducation tailored to families' needs.
- Mental health services should develop sustainable and culturally sensitive psychoeducation programs while utilizing digital technology to enhance accessibility and effectiveness of support for families.

Introduction

Schizophrenia is a chronic mental disorder that significantly impacts an individual's cognitive abilities, emotions, and behavior. It is characterized by symptoms such as hallucinations, delusions, and impairments in social functioning, which collectively make it challenging for affected individuals to manage daily life activities ([Iswanti et al., 2022](#)). The impact of schizophrenia extends beyond the affected individual, significantly affecting their families, who often serve as the primary caregivers ([Esmaeili et al., 2022](#)). Families face numerous emotional, social, and financial challenges in their efforts to provide optimal support and care. Therefore, appropriate interventions such as psychosocial education are essential to equip families with the knowledge and skills necessary to care effectively for members living with schizophrenia ([Sogutlu et al., 2021](#)).

According to the World Health Organization (WHO) report, schizophrenia affects approximately 24 million people worldwide, which corresponds to about 1 in every 300 individuals ([WHO, 2022](#)). In Indonesia, data from the Basic Health Research (Riskesmas) conducted by the Ministry of Health indicate that the prevalence of schizophrenia has been steadily increasing each year. In 2013, the prevalence was recorded at 1.7 per 1,000 households, rising to 6.7 per 1,000 households in 2018. This means that approximately 6 to 7 families out of every 1,000 have a member diagnosed with schizophrenia. Regionally, West Sumatra Province ranks fourth, with a prevalence rate of 9.1 per 1,000 households, indicating that about 9 families out of every 1,000 have a family member affected by schizophrenia (Kementerian Kesehatan RI, 2018).

Psychosocial education is a structured intervention aimed at enhancing family members' understanding of

schizophrenia, strengthening their caregiving skills, and alleviating the psychological burden often associated with their role as caregivers ([Tessier et al., 2023](#)). This program typically includes information about schizophrenia, stress management strategies, effective communication techniques, and ways to cope with potential relapses. By providing practical knowledge and skills, psychosocial education aims to create a more stable and supportive environment for both the patient and their caregiving family members ([Suharsono et al., 2023](#)). As a result, this intervention can promote treatment adherence and enhance overall well-being.

Several studies have demonstrated the positive impact of psychosocial education on families caring for individuals with schizophrenia. Findings indicate that families who receive structured educational support tend to experience reduced emotional distress, improved coping abilities, and greater confidence in fulfilling their caregiving responsibilities ([Sogutlu et al., 2021](#)). On the other hand, patients cared for by families with a strong understanding of schizophrenia tend to experience lower rates of relapse and demonstrate higher levels of treatment adherence ([Indriati et al., 2021](#)). These findings highlight that psychosocial education not only benefits families but also plays a vital role in supporting the patient's recovery process and maintaining long-term stability ([Fadllah et al., 2021](#)).

Although the benefits of psychosocial education have been widely demonstrated, its implementation continues to face several challenges. Common barriers include limited access to mental health services, a shortage of trained mental health professionals, and the persistent social stigma associated with schizophrenia ([Hendro et al., 2024](#)). Furthermore, the active participation and commitment of families are key determinants in the success

of psychosocial education programs. To overcome existing barriers, a collaborative effort is required among healthcare professionals, policymakers, and community organizations to ensure the availability of adequate resources and support systems for family caregivers ([Hansson et al., 2022](#)).

Given the crucial role of psychosocial education in strengthening family support, a systematic literature review is necessary to evaluate its effectiveness and identify existing gaps in its implementation. This paper aims to examine previous studies related to psychosocial education for families caring for individuals with schizophrenia, highlighting its benefits, challenges, and potential directions for future development. By synthesizing the available evidence, this review seeks to contribute to the advancement of more comprehensive and accessible educational programs that can enhance care outcomes and improve the quality of life for both patients and their families.

Methods

Protocol And Registration

This study was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines to ensure a high standard of reporting in the Systematic Literature Review. The review process involved several critical stages, including the systematic development of relevant keywords, comprehensive data retrieval through selected electronic databases, and a rigorous process of data cleaning and categorization to ensure accuracy, relevance, and consistency in the final dataset ([Page et al., 2021](#)).

Eligibility Criteria

Studies were selected according to predefined inclusion and exclusion criteria. The inclusion criteria were: (1) empirical

studies examining psychosocial education or family psychoeducation interventions for families caring for individuals with schizophrenia; (2) studies involving family caregivers, patients with schizophrenia, or both; (3) quantitative, qualitative, mixed-methods, randomized controlled trials (RCTs), quasi-experimental studies, controlled studies, and observational studies; (4) articles published in peer-reviewed journals between 2003 and 2023; and (5) studies published in English with full-text availability.

The exclusion criteria were: (1) review articles, systematic reviews, meta-analyses, study protocols, editorials, commentaries, conference abstracts, and dissertations; (2) studies not specifically focused on psychosocial education or family psychoeducation interventions; (3) studies involving mental disorders other than schizophrenia without separate schizophrenia-related analyses; (4) articles lacking sufficient methodological information or outcome data; and (5) duplicate publications.

For the synthesis, studies were grouped according to their primary outcomes and intervention focus. The first group included studies evaluating the impact of psychosocial education on caregiver outcomes, such as caregiver burden, stress, anxiety, depression, coping skills, and quality of life. The second group included studies assessing patient-related outcomes, including symptom severity, treatment adherence, relapse prevention, and quality of life. The third group comprised studies examining implementation aspects of family psychoeducation, such as educational needs, program delivery, barriers, facilitators, and integration into mental health services. This grouping enabled a structured comparison of intervention effects across caregiver, patient, and service-level outcomes.

Information Sources

We conducted a comprehensive literature search across multiple databases, including Google Scholar, Scopus, Web of Science, and Crossref, to gather studies related to psychosocial education for families caring for people with schizophrenia. Our search focused on publications from 2003 to 2023 to encompass both seminal works and the latest advancements. An initial pool of 4,854 articles was identified in English and other pertinent languages. The selection process involved eliminating duplicate entries, evaluating the relevance of each article's topic, and applying predetermined inclusion and exclusion criteria. Following this, a thorough screening was carried out to ensure that only high-quality research specifically examining the effectiveness of psychosocial education in the context of schizophrenia caregiving was included.

This review emphasized studies with experimental designs, relevant participant groups, and measured outcomes such as reductions in caregiver burden, improvements in treatment adherence, relapse prevention, enhancement of emotional well-being, and strengthening of social support. The final set of selected articles was systematically analyzed to detect recurring themes, emerging trends, and key findings. This enabled a detailed understanding of the role psychosocial education plays in improving schizophrenia care and informed implications for future mental health interventions.

Search Strategy

Initial keyword development for this study focused on constructing comprehensive search terms related to psychosocial education, family caregiving, and schizophrenia management. The keywords include terms such as "psychosocial education AND schizophrenia caregiving," "family support AND mental

health education," and "caregiver burden AND schizophrenia AND intervention." This systematic approach ensures a robust search strategy to identify relevant, high-quality studies across various academic databases.

Selection Process

The data for this study was obtained using relevant keywords through a rigorous data cleaning and sorting process. Several stages were conducted, including removing duplicate articles, filtering by titles and abstracts to assess their relevance, and applying predefined inclusion and exclusion criteria specific to psychosocial education in schizophrenia caregiving. Articles that did not directly address the effectiveness of psychosocial education in reducing caregiver burden, improving treatment adherence, or enhancing family support were excluded to maintain the study's precision and focus. This careful selection process ensured that only high-quality studies relevant to the research objectives were included in the final analysis.

After the initial data cleaning and sorting, the remaining articles were thoroughly evaluated to confirm their alignment with the study's objectives. This involved carefully reviewing abstracts, titles, and keywords to ensure their direct relevance to key research questions. Articles that lacked empirical data, had unclear methodologies, or did not specifically explore the impact of psychosocial education on caregiver stress, relapse prevention, and mental health literacy were excluded. The refined dataset included a focused collection of studies that provided meaningful insights into how psychosocial education enhances schizophrenia care and supports family caregivers in their role.

Citation data from 4,854 papers, downloaded in RIS format, were initially screened to remove duplicates, resulting in

2,099 articles. A systematic literature review was conducted to identify, assess, and synthesize relevant findings. After reviewing titles, abstracts, and keywords, 1,983 articles that were irrelevant, lacked clear methodologies, or did not apply appropriate theoretical frameworks were excluded, leaving fifteen articles for in-depth analysis. These selected studies underwent a comprehensive review and data extraction process to identify key themes, trends, and patterns in psychosocial education interventions. The findings provide valuable insights into how structured education programmes improve caregiver resilience, enhance schizophrenia symptom management, and contribute to more effective mental health interventions. The detailed screening and analysis procedure, summarised in Figure 1, ensures the inclusion of high-quality studies, reinforcing the reliability and applicability of the findings in both academic and practical contexts.

Data Collection Process

Data extraction was conducted using a standardized data extraction form developed by the review team. Two reviewers independently extracted data from all eligible studies to minimize errors and reduce selection bias. Any discrepancies between reviewers were resolved through discussion and consensus. When consensus could not be reached, a third reviewer was consulted to make the final decision.

The extracted data included study characteristics, participant demographics, intervention components, study design, outcome measures, and key findings related to psychosocial education for families caring for individuals with schizophrenia. Where necessary, the full texts of articles were reviewed multiple times to verify data accuracy and completeness. No direct contact with study investigators was

required because sufficient information was available in the published reports. No automation tools or machine-learning-assisted screening software were used during the data collection process; all extraction and verification procedures were performed manually by the reviewers.

Data Items

The primary outcomes sought in this review were caregiver burden, caregiver stress, anxiety, depression, coping ability, family functioning, family cohesion, mental health literacy, medication adherence, relapse prevention, symptom severity, and quality of life among caregivers and patients with schizophrenia. All reported results related to these outcome domains were considered, regardless of the measurement instrument used. When multiple follow-up time points were reported, the final post-intervention assessment was prioritized for synthesis because it most comprehensively reflected intervention effectiveness.

Additional data extracted from each study included publication year, country of study, study design, sample size, participant characteristics, type and duration of psychosocial education intervention, comparison group characteristics, setting, outcome assessment tools, and key conclusions. Information regarding funding sources and potential conflicts of interest was extracted whenever available.

For studies with incomplete or unclear information, assumptions were minimized. When outcome data were not explicitly reported, the study findings were described narratively based on the information provided by the authors. Missing numerical data were not imputed.

Study Risk of Bias Assessment

The methodological quality and risk of bias of the included studies were assessed independently by two reviewers. Randomized controlled trials were

evaluated using the Cochrane Risk of Bias 2 (RoB 2) tool, while non-randomized and quasi-experimental studies were assessed using the Joanna Briggs Institute (JBI) Critical Appraisal Checklists appropriate to each study design.

The assessment considered domains such as selection bias, performance bias, detection bias, attrition bias, reporting bias, and other potential sources of bias. Any disagreements between reviewers were resolved through discussion and consensus. No automation tools were used during the risk-of-bias assessment process.

Effect Measures

As this review employed a narrative synthesis approach, no pooled effect measures such as risk ratios, odds ratios, or mean differences were calculated. Reported intervention effects were summarized descriptively based on the outcome measures presented in the original studies.

Synthesis Methods

Studies were grouped for synthesis according to their primary focus and reported outcomes. The first synthesis group included studies examining caregiver-related outcomes such as burden, stress, anxiety, depression, coping ability, and quality of life. The second group included studies reporting patient-related outcomes such as symptom severity, medication adherence, relapse prevention, and quality of life. The third group consisted of studies addressing implementation issues, educational needs, barriers, facilitators, and integration of psychosocial education into mental health services.

Prior to synthesis, extracted data were checked for consistency and completeness. No statistical conversion of outcome measures was required because the review primarily relied on qualitative and narrative reporting of findings. Where studies reported outcomes using different measurement instruments, results were

synthesized descriptively according to the direction and magnitude of reported effects.

The findings were presented using descriptive tables summarizing study characteristics, intervention components, methodological approaches, and major outcomes. A narrative synthesis approach was used to identify common themes, patterns, and differences across studies. Meta-analysis was not conducted due to substantial heterogeneity in study designs, intervention formats, outcome measures, and follow-up periods.

Potential sources of heterogeneity were explored qualitatively by comparing study characteristics, intervention delivery methods, cultural settings, participant populations, and outcome measures. No formal subgroup analyses, meta-regression, or quantitative heterogeneity assessments were performed. Sensitivity analyses were not conducted because no quantitative synthesis was undertaken.

Reporting Bias Assessment

Reporting bias was assessed qualitatively through comparison of study objectives, methods, and reported outcomes. Particular attention was given to the selective reporting of intervention effects and the completeness of outcome reporting. Formal statistical methods for detecting publication bias, such as funnel plot analysis or Egger's test, were not performed because a meta-analysis was not conducted and the number of included studies was limited.

Certainty Assessment

The overall certainty of evidence was evaluated using the Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach. The certainty of evidence for each major outcome was assessed based on risk of bias, consistency of findings, directness of evidence, precision of results, and potential

publication bias. The certainty of evidence was categorized as high, moderate, low, or very low. Given the predominance of small studies and variability in intervention characteristics and outcome measures, the overall certainty of evidence was considered moderate to low for most outcomes.

Results

Study Selection

The process of screening and selecting articles for this systematic review began with the identification stage. The researchers conducted literature searches through four major databases: Google Scholar (2,541 records), Scopus (1,398 records), CINAHL (185 records), and PubMed (730 records), yielding a total of 4,854 records. Next, duplicate, and initial irrelevant records were removed. This included 2,000 duplicate records and 755 records removed for other reasons (e.g., irrelevance to the topic or unavailability of the full text). As a result, 2,099 records remained for further screening. The next phase involved title screening, during which 1,100 records were excluded due to not meeting the inclusion criteria. This left 999 records to be screened based on their abstracts. After the abstract screening, 854 records were excluded for failing to meet the eligibility criteria. Consequently, 145 full-text articles were retrieved and assessed for eligibility. During the full-text

assessment, 30 articles were excluded as protocols and 100 articles were excluded as reviews. In the final step, 15 studies met all inclusion criteria and were included in the systematic review (**Figure 1**).

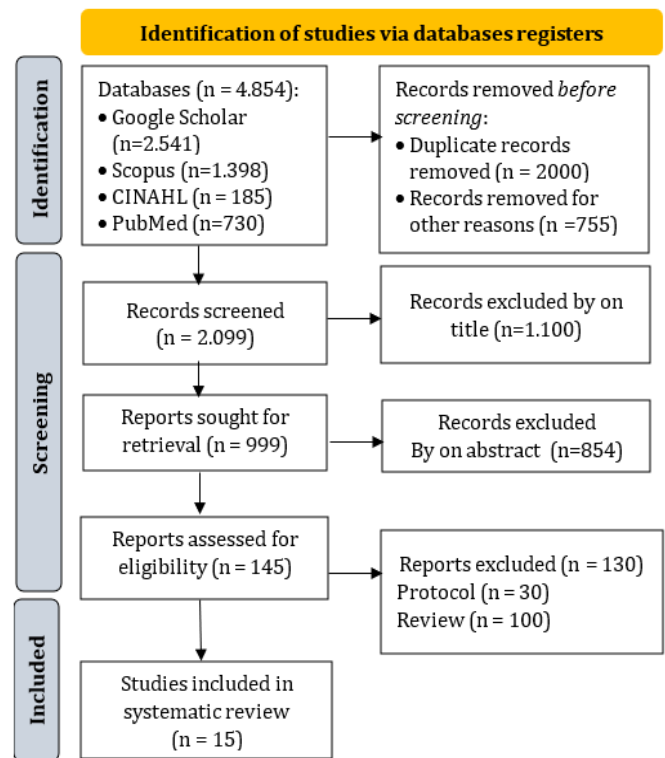


Figure 1. PRISMA Flowchart on Psychosocial Education for Families in Caring for Patients with Schizophrenia

Study Characteristics

Table 1. Summary of a Primary Study on Psychosocial Education for Families in Caring for Patients with Schizophrenia

| Author (Year) | Country | Main Objective | Population | Method | Key Findings | Implication |
|-----------------------|---------|--|------------------|-------------------|--|---|
| (Habibi et al., 2015) | Iran | Identify educational needs of families of schizophrenia patients | Patient families | Systematic review | Six dimensions of educational needs identified | Targeted education programs for families are needed |

| Author (Year) | Country | Main Objective | Population | Method | Key Findings | Implication |
|--|-----------|--|----------------------------------|----------------------------|---|---|
| (Harvey & O'Hanlon, 2013) | Australia | Discuss Family Psychoeducation (FPE) for psychosis | Patients & families | Literature review | FPE is effective but limited in implementation | Greater family integration in mental health care is needed |
| (McFarlane et al., 2007) | USA | Evaluate family psychoeducation | Families of mentally ill | Literature review | Reduced relapse, improved recovery and family well-being | Training & routine integration into services are required |
| (Nasr & Kausar, 2009) | Pakistan | Impact of education on family burden | Patients & families | RCT | Significant reduction in family burden in intervention group | Routine education in mental health services is necessary |
| (Rahmani et al., 2015) | Iran | Effect of education on family attitudes | Patient families | Quasi-experimental | Significant improvement in attitudes after education | Integration of education into clinical practice is important |
| (Sharif et al., 2012) | Iran | Evaluate caregiver burden & patient symptoms | Caregivers & patients | RCT | Reduced caregiver burden and improved patient symptoms | Education programs to support caregivers & patients are essential |
| (Tessier et al., 2023) | France | Effectiveness of family education | Caregivers & patients | RCT | Reduced burden, relapse; increased knowledge & well-being | Supports routine integration into mental health care |
| (Suharsono et al., 2023) | Indonesia | Evaluate nursing education | Caregivers of patients | Pre-post test with control | Reduced burden & improved caregiver quality of life ($p < 0.001$) | Education programs for caregivers are needed |
| (Thimmajja & Rathinasa my, 2019) | India | Education on caregiver knowledge & burden | Caregivers | RCT | Significant knowledge increase & burden reduction | Integration into mental health services is recommended |
| (Palli et al., 2015) | Greece | Effect of education on family cohesion & depression symptoms | Caregivers of patients | RCT | Improved cohesion, reduced caregiver burden & depression | Support group education in mental health services is encouraged |
| (Raeisi et al., 2020) | Iran | Effect of education on stress, anxiety, depression | Caregivers of patients | RCT | Significant reduction in stress, anxiety, and depression | Education should be part of caregiver support programs |
| (Fereidooni et al., 2023) | Iran | Family education effect on schizophrenia symptoms | Inpatient schizophrenia patients | RCT | Significant reduction in positive & negative symptoms | Integrate family education into treatment plans |

| Author (Year) | Country | Main Objective | Population | Method | Key Findings | Implication |
|--|---------|---|-----------------------|--------------------|---|--|
| (Omranifar et al., 2014) | Iran | Education based on needs assessment | Patients & families | Controlled study | Improved global function & patient quality of life; no significant effect on families | Tailored education for both patients and families is needed |
| (Bulut et al., 2016) | Turkey | Effectiveness of education on caregivers & patient symptoms | Caregivers & patients | Quasi-experimental | Decreased caregiver burden & improved patient symptoms | Education is effective in improving caregiver and patient outcomes |

Family-focused psychosocial education has been widely acknowledged as a critical approach to enhancing caregiving outcomes for individuals living with schizophrenia. Numerous studies such as those conducted by Sharif et al. (2012) have demonstrated that psychoeducational interventions effectively lessen caregiver burden, improve coping mechanisms, and boost adherence to treatment plans. By equipping families with the necessary information and practical skills, these programs help them better navigate the complexities of schizophrenia care, contributing to improved recovery trajectories and a reduced risk of relapse. Nonetheless, despite these documented benefits, research by Harvey & O’Hanlon (2013) and McFarlane et al. (2003) reveals that psychoeducation is still not widely implemented, primarily due to systemic obstacles such as limited availability and lack of integration into standard mental health services.

In addition to supporting caregiving effectiveness, psychoeducation has also been shown to positively impact caregivers' mental well-being. Studies by Rahmani et al. (2015), Tessier et al. (2023), and Suharsono et al. (2023) have reported that tailored psychoeducational programs foster more positive attitudes toward mental illness, promote stronger family unity, and alleviate psychological distress including stress,

anxiety, and depression ([Mahyuvu & Nursalam, 2020](#)). These findings underscore the value of structured interventions that respond to the unique needs of families, particularly in settings with scarce mental health resources. Furthermore, evidence from Raeisi et al. (2020) and Fereidooni et al. (2023) supports the call for incorporating psychoeducation into routine psychiatric care, as it significantly enhances both caregiver and patient well-being. Overall, by addressing emotional challenges and practical caregiving demands, family psychoeducation emerges as a vital element in building sustainable mental health support systems for families managing schizophrenia (**Table 1**).

Discussion

Key Factors Influencing the Effectiveness of Psychosocial Education for Families Caring for Individuals with Schizophrenia

The effectiveness of psychosocial education for families caring for individuals with schizophrenia is influenced by several key factors, including the content of the program, delivery methods, caregiver involvement, and accessibility ([Esmaeili et al., 2022](#)). high-quality psychosocial education programs typically provide structured information about schizophrenia, medication adherence, coping mechanisms, and effective



communication strategies. Programs that include interactive components such as group discussions, role-playing, and problem-solving exercises tend to be more effective in enhancing caregivers' confidence and reducing stress ([Hendro et al., 2024](#)).

In addition, the method of delivery whether through face-to-face sessions, online platforms, or hybrid approaches plays a crucial role in reaching participants and determining the program's effectiveness. Research also indicates that culturally adapted programs, which consider the family's values and beliefs, tend to be more successful as they enhance understanding and acceptance of mental health education. Other important factors include the level of caregiver engagement and support from mental health professionals ([Suharsono et al., 2023](#)). Caregivers who actively participate in training sessions, ask questions, and apply the learned strategies in daily caregiving tend to experience greater benefits. Ongoing professional support such as follow-up sessions or access to mental health counsellors also contributes to sustaining improvements in caregiving practices ([Barlati et al., 2024](#)).

However, accessibility remains a challenge, especially in areas with limited resources, where mental health education is still lacking due to financial and logistical constraints. The presence of community-based support networks and peer groups further strengthens the impact of psychosocial education by creating a shared learning environment ([Hansson et al., 2022](#)). By considering these factors, psychosocial education can be optimized to enhance caregiver resilience, strengthen medication adherence, and ultimately improve care outcomes for individuals with schizophrenia.

The Impact of Psychosocial Education on Caregiver Burden, Coping Strategies, Medication Adherence, and Relapse Prevention

Psychosocial education plays a crucial role in reducing caregiver burden by equipping families with the knowledge and skills needed to face the challenges of caring for individuals with schizophrenia. Caregivers often experience high emotional stress, anxiety, and fatigue due to the continuous demands of caregiving ([Fereidooni et al., 2023](#)). Psychosocial education helps alleviate this burden by enhancing caregivers' understanding of schizophrenia, including its symptoms, disease progression, and treatment options. When caregivers have a better grasp of the condition, they can perform their roles with greater confidence, thereby reducing feelings of helplessness and frustration ([Tessier et al., 2023](#)). Structured education programs also teach stress management techniques, problem-solving skills, and self-care strategies, all of which contribute to the emotional well-being and resilience of caregivers. Research shows that caregivers who participate in psychosocial education report lower stress levels and a greater sense of control in managing their family member's condition ([Suharsono et al., 2023](#)).

Beyond merely reducing burden, psychosocial education also enhances coping strategies, medication adherence, and relapse prevention by fostering a more supportive home environment ([Hendro et al., 2024](#)). Caregivers who receive adequate education tend to use more effective communication techniques, are better able to manage crises, and encourage patients to adhere to prescribed treatments. This can reduce the risk of medication non-compliance, which is one of the main causes of relapse ([Iswanti et al., 2022](#)). These programs often include training to recognize early signs of relapse, enabling

caregivers to take prompt action and seek professional help. Studies show that families who participate in psychosocial education experience fewer hospitalizations and relapses, leading to better long-term outcomes for individuals with schizophrenia (Hansson et al., 2022). By strengthening caregivers' knowledge and support systems, psychosocial education becomes a vital tool in improving medication adherence, reducing relapse rates, and supporting the well-being of both patients and their families.

Broader Implications of Integrating Psychosocial Education into Standard Mental Health Services

The integration of psychosocial education into standard mental health services has a significant impact on improving caregiving outcomes for families and individuals with schizophrenia. A structured and systematic approach within the healthcare system ensures that families consistently receive evidence-based information, which can enhance their capacity to provide effective care (Raeisi et al., 2020). When psychosocial education becomes part of routine care, the relationship between caregivers and healthcare professionals becomes more collaborative, fostering effective communication and shared decision-making (Thimmajja & Rathinasamy, 2019).

This integration also contributes to reducing the stigma surrounding schizophrenia, as caregivers who are well-informed tend to exhibit more empathetic and supportive attitudes toward their family members (Putri et al., 2022). Moreover, by institutionalizing psychosocial education, the healthcare system can address mental health literacy gaps, especially in underserved communities where misconceptions and lack of information often pose major barriers to effective caregiving.

Furthermore, this integration has a broader impact on public health as a whole (Renwick et al., 2023). By equipping caregivers with the skills to manage schizophrenia effectively, the healthcare system can reduce rates of rehospitalization, emergency interventions, and the economic burden caused by recurrent relapses or prolonged hospital care. Community-based psychosocial education initiatives can also strengthen social support networks, empowering families to share experiences and coping strategies with one another (Budiartha et al., 2023). This collective learning environment not only enhances caregiving capacity but also fosters a culture of mental health awareness and advocacy. Therefore, policymakers and mental health professionals need to prioritize the development and implementation of psychosocial education programs that are accessible to all caregivers, regardless of their socioeconomic background. Ultimately, integrating psychosocial education into mental health services supports continuous improvements in schizophrenia care, leading to better quality of life for both patients and their families.

Implications and limitations

This systematic review contributes to the growing body of knowledge on psychosocial education for families caring for individuals with schizophrenia by consolidating evidence regarding its influence on caregiver well-being, family functioning, treatment adherence, and relapse prevention. The findings strengthen the theoretical understanding that family psychoeducation serves as a key component of recovery-oriented mental health care by enhancing family knowledge, coping capacity, and supportive caregiving environments. Furthermore, this review highlights the importance of integrating psychosocial and family-centered perspectives into schizophrenia

management frameworks and provides a conceptual basis for future research on culturally adapted and sustainable psychoeducational interventions. However, several limitations should be acknowledged. The review included studies with heterogeneous designs, intervention characteristics, outcome measures, and follow-up periods, limiting direct comparison across studies. Only articles published in English and available in selected databases were included, which may have introduced language and publication bias. Additionally, the absence of a quantitative meta-analysis restricts the ability to estimate pooled intervention effects and limits the precision of conclusions regarding the overall effectiveness of psychosocial education.

Relevance to Practice

Family psychoeducation is highly relevant to clinical practice because it strengthens the role of families as primary caregivers in supporting patients with schizophrenia. By improving families' knowledge, coping skills, and understanding of symptom management and relapse prevention, healthcare professionals can enhance treatment adherence and reduce caregiver burden. Integrating structured and evidence-based psychoeducation into routine mental health services not only improves patient outcomes but also promotes holistic, family-centered care in clinical settings.

Conclusion

Psychosocial education has proven to be a critical intervention in supporting families caring for individuals with schizophrenia. Its effectiveness is influenced by the quality of program content, delivery methods, caregiver engagement, professional support, and accessibility. Structured and culturally adapted programs enhance caregivers'

confidence, reduce emotional burden, and improve coping strategies, medication adherence, and relapse prevention. Furthermore, integrating psychosocial education into standard mental health services yields broader benefits, including stronger collaboration between caregivers and healthcare professionals, reduced stigma, improved mental health literacy, and decreased burden on the healthcare system. Therefore, psychosocial education should be widely implemented, accessible to all caregivers regardless of socioeconomic background, and prioritized in mental health policy to improve the quality of care and overall well-being of both patients and their families.

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CrediT Authorship Contributions Statement

Alexandra Maria Pires: Conceptualization, Methodology, Literature Search, Investigation, Data Curation, Formal Analysis, Writing - Original Draft, Visualization.

Cokorda Bagus Jaya Lesmana: Conceptualization, Methodology, Validation, Supervision, Writing - Review & Editing.

Conflicts of Interest

There is no conflict of interest.

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